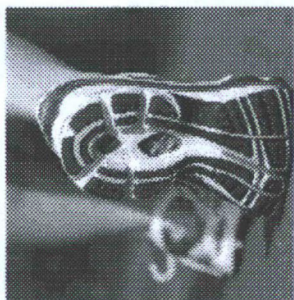
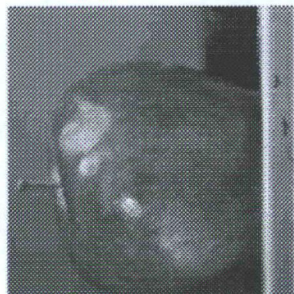
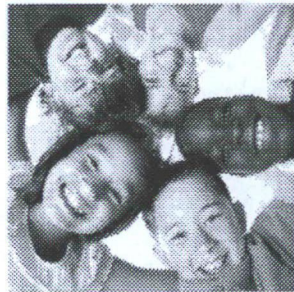


## **Exhibit 4**



# The Georgia Apex Program Annual Evaluation Results

July 2019–June 2020

Presented by the Center of Excellence for Children's Behavioral Health  
School-based Behavioral Health Leadership Meeting

April 12, 2021





# Georgia Apex Program Overview

The Georgia Apex Program (Apex) is a school-based mental health (SBMH) program designed to build infrastructure and increase access to mental health services for school-age youth by placing mental health providers in school settings to deliver therapeutic support.

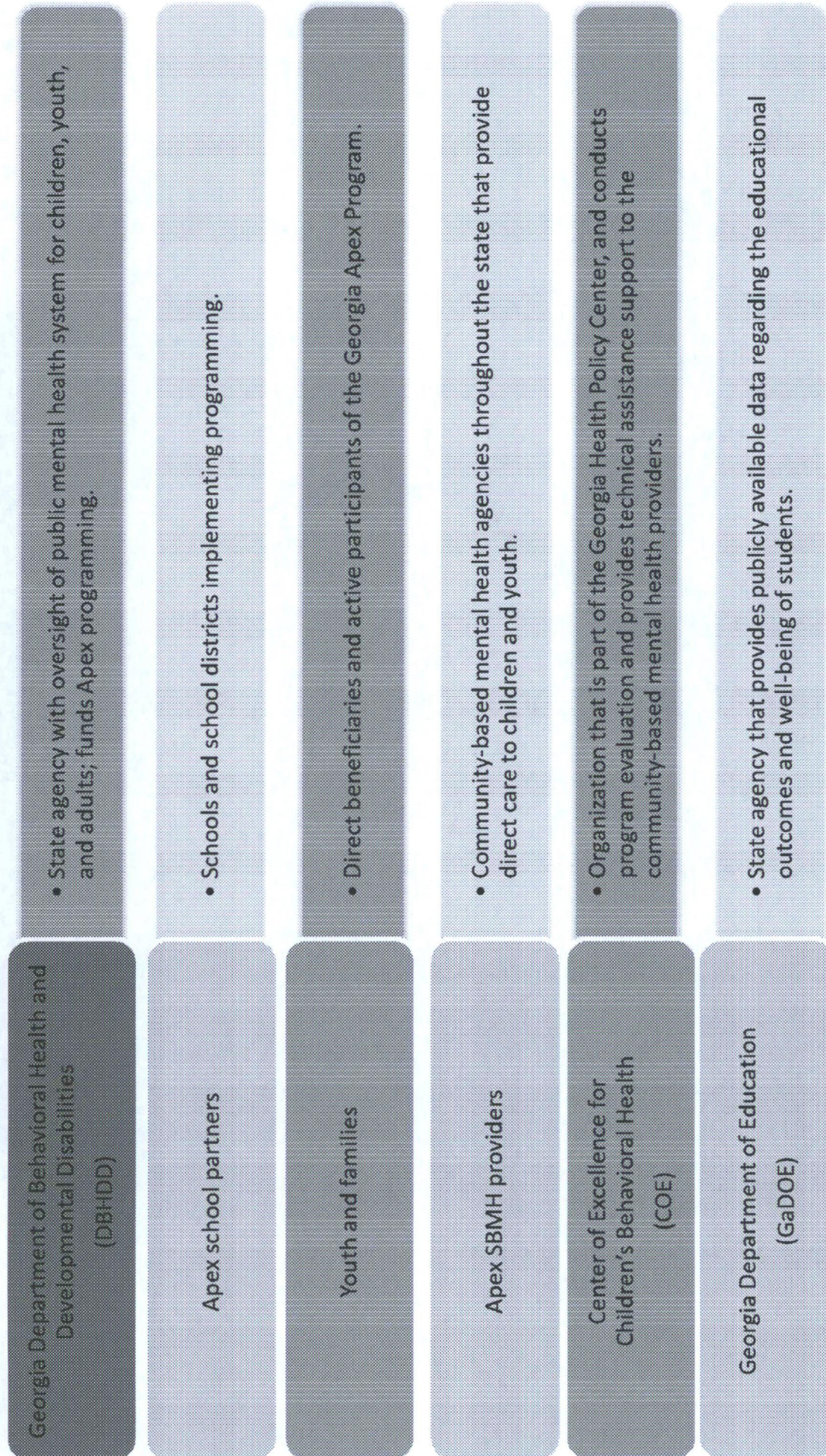


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# Apex Core Stakeholders



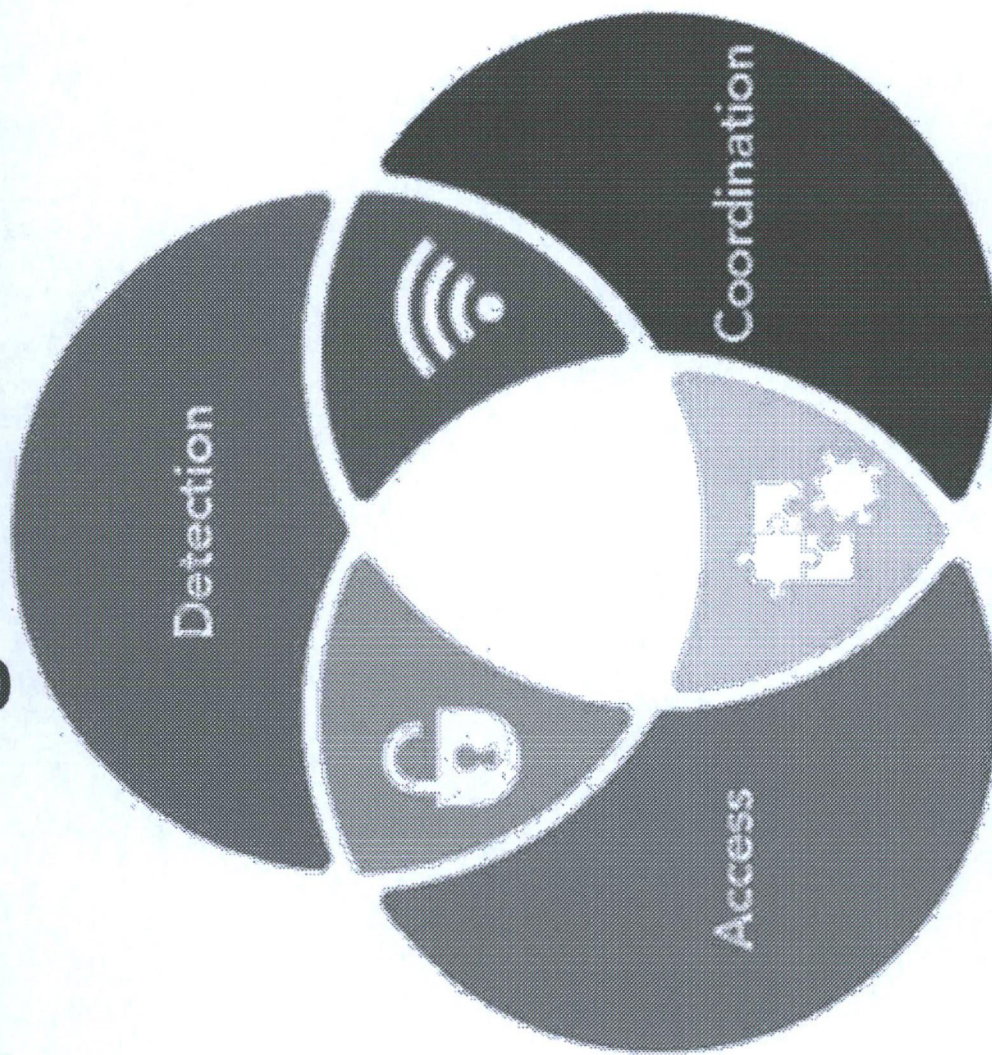
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Health Policy  
Center

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# Apex Programmatic Goals



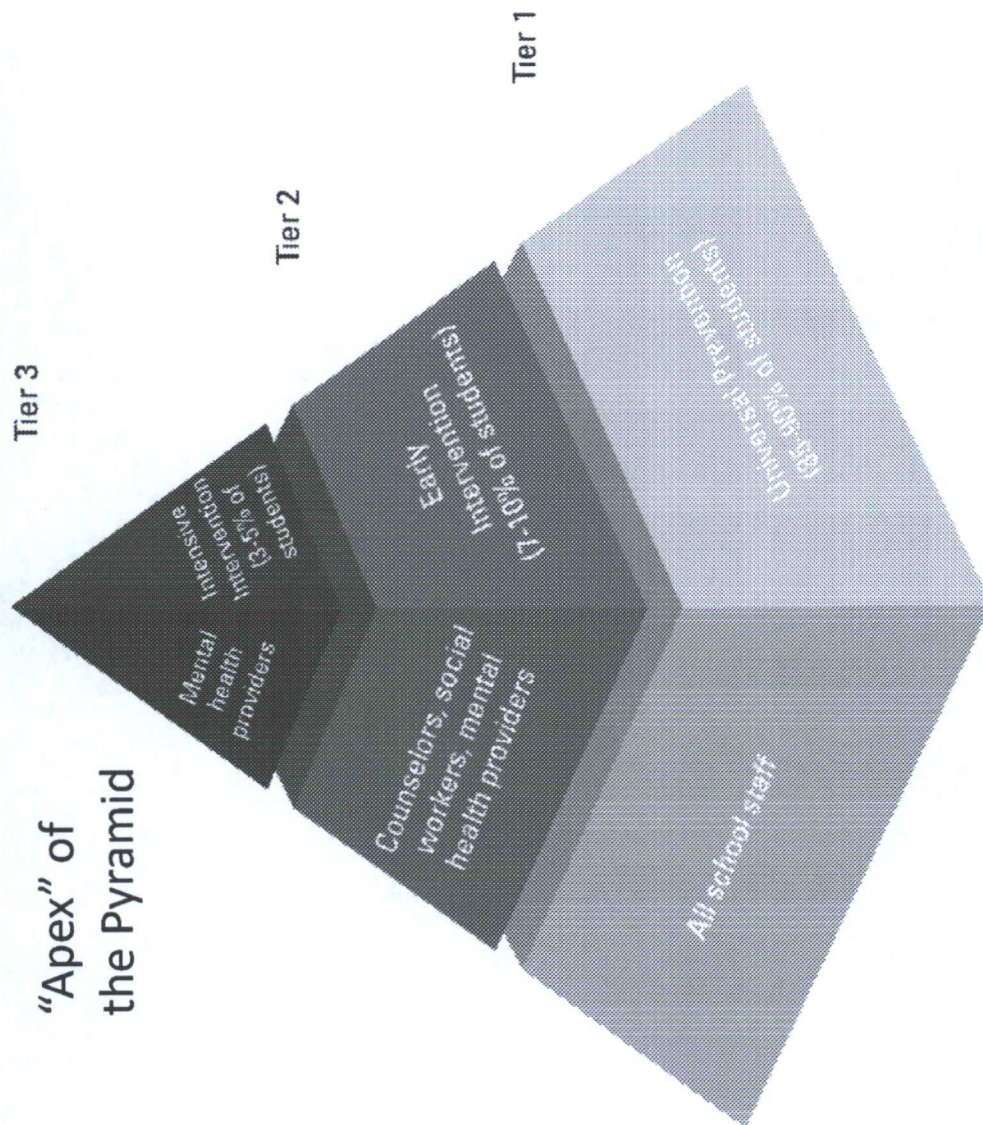
**Detection:** Provide early detection of child and adolescent behavioral health needs

**Access:** Improve access to mental health services for children and youth

**Coordination:** Sustain increased coordination between Georgia's community mental health providers and local schools/school districts in their service areas



# Three-Tiered Approach to SBMH



Adapted from: Bieber, B., Hotchkiss, H. & Palmer, B. (2007). *A Guide to School Mental Health Services*. Denver, CO: Colorado Department of Education.



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# Apex Year 5 — By the Numbers

30 Mental health providers

630 Schools involved;\* 589 schools engaged\*\*

19,222 Referrals made to Apex SBMH services

5,021 Students receiving first-time SBMH services

15,607 Unique students served

76,621 SBMH services provided in schools

29,486 Services delivered through telemedicine



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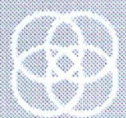
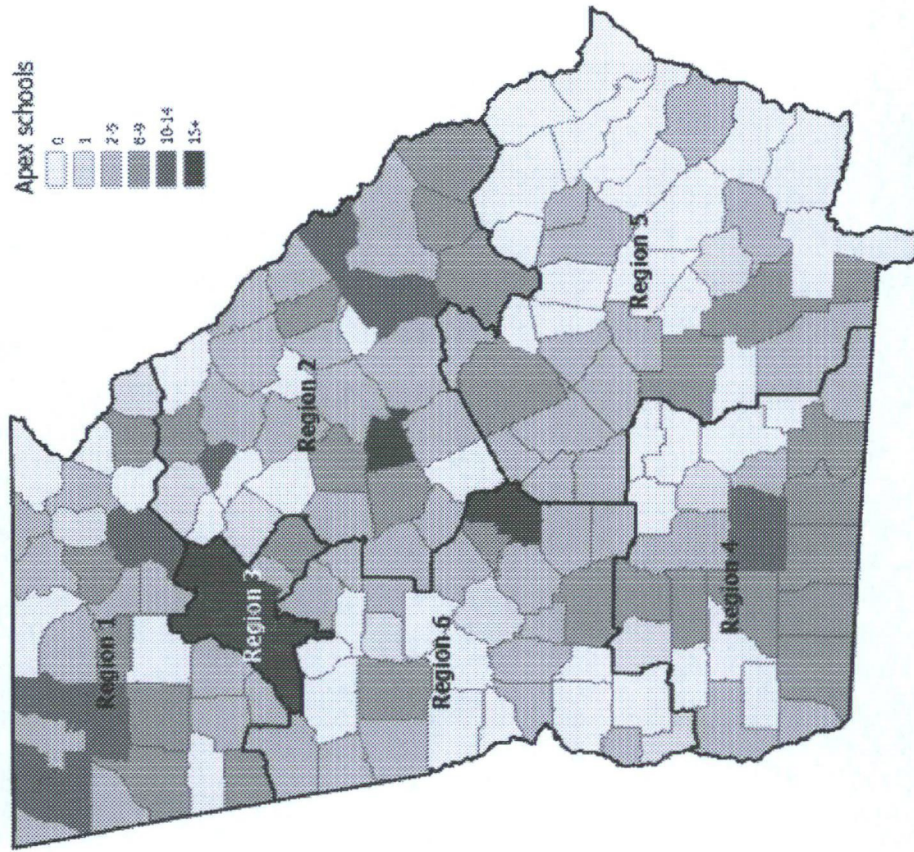
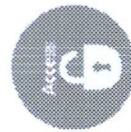


# DBHDD Regional Representation of Apex Programming Across the State

**111** Counties (70%)

**118** School districts (65%)

**630** Schools (27%)

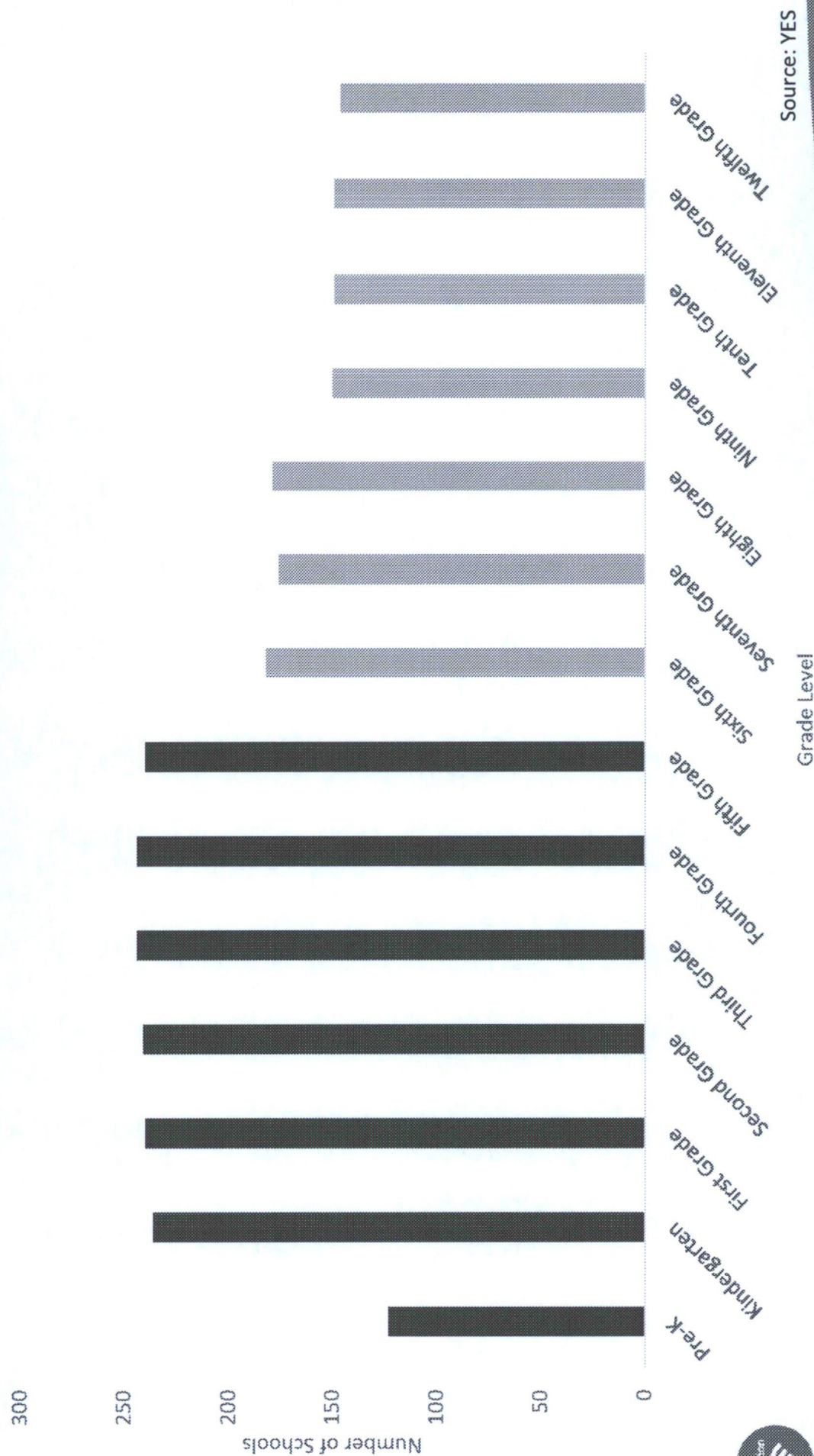


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# Majority of Apex providers responded to serving mostly elementary schools ( $n = 268$ ), in comparison to middle, high, or alternative schools.



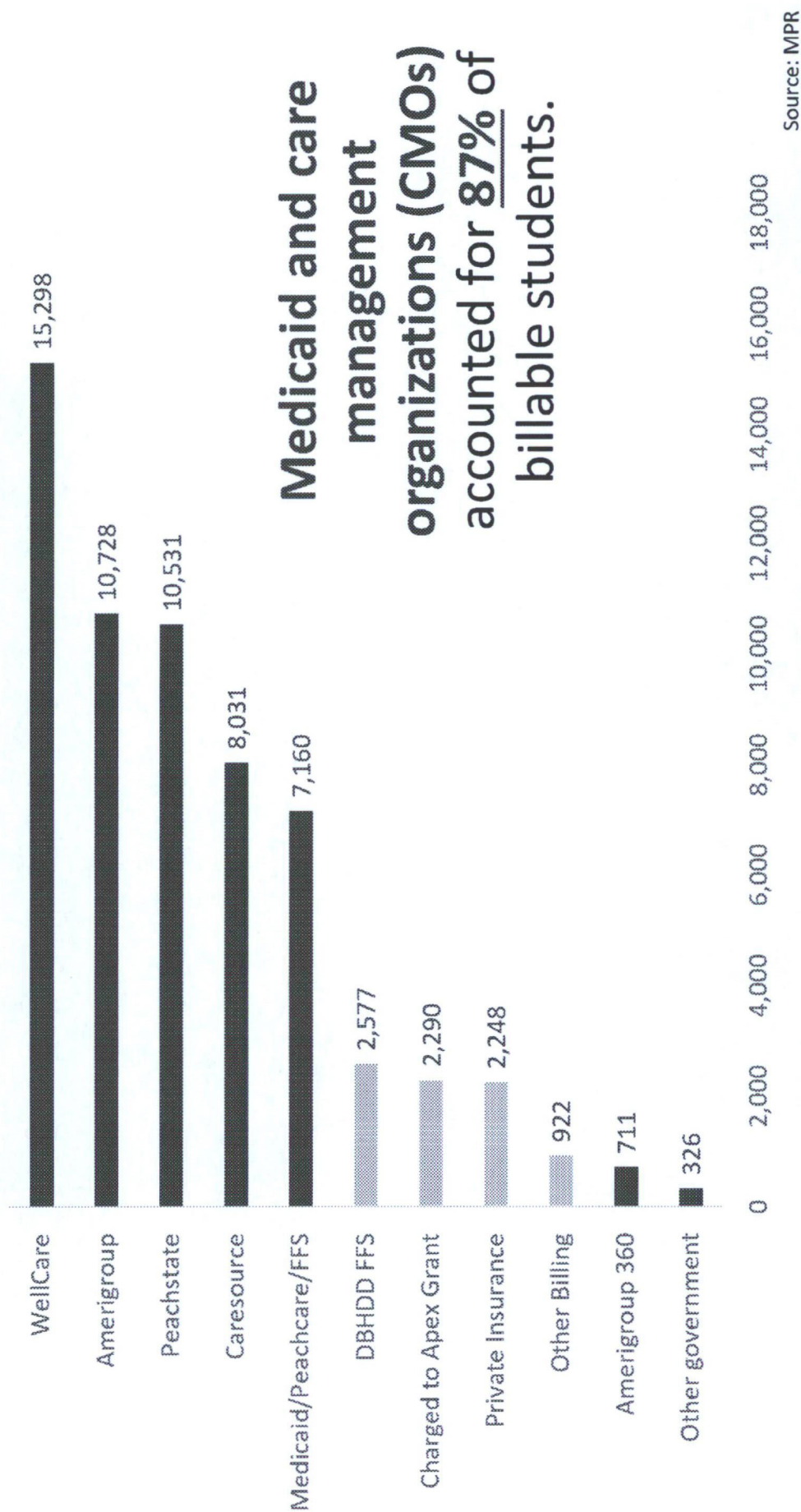
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# Apex Billing by Payer Source



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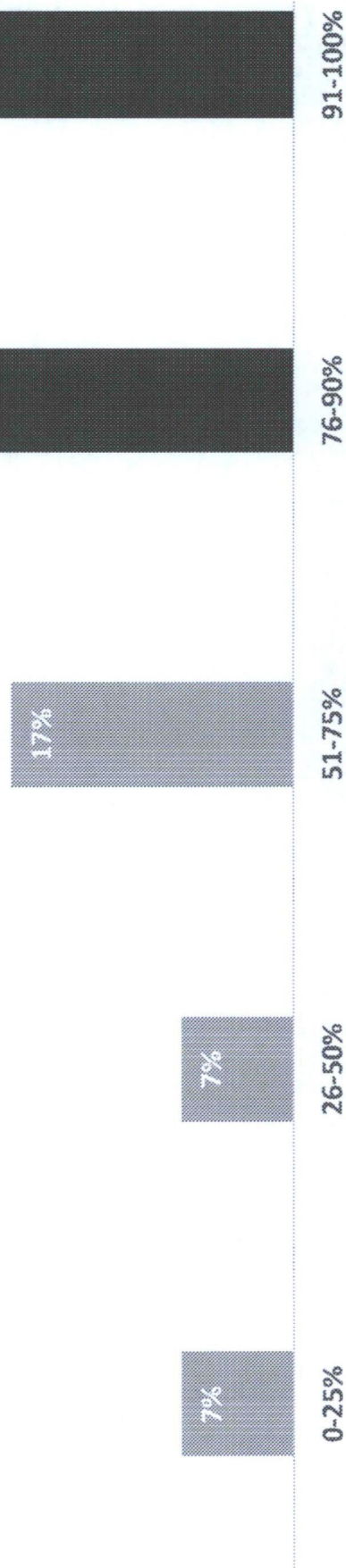
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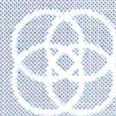
# Percentage of Services Billed to a Third-Party Payer — Medicaid, CMOs, or Private Insurance (*n* = 30)

Majority of providers (70%) bill over 76% of services to a third-party payer, with 37% (*n* = 11) billing 76% to 90% of services and 33% (*n* = 10) billing over 91% of services.



Source: YES

Percentage of Services



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# Integration of Behavioral Health Providers Within Apex Schools

- Providers reported most schools providing an office space
  - Majority (67%) of schools providing a private office
  - 25% a shared office
- Respondents reported attending:
  - School staff/committee meetings at majority (67%) of schools
  - Disciplinary teams/protocols at 26% of schools.
- Providers reported being issued a school ID (28%) at some schools
- Some schools (26%) gave providers email addresses

These are all indicators of the providers' integration into the school, which influences successful program implementation.

Source: YES



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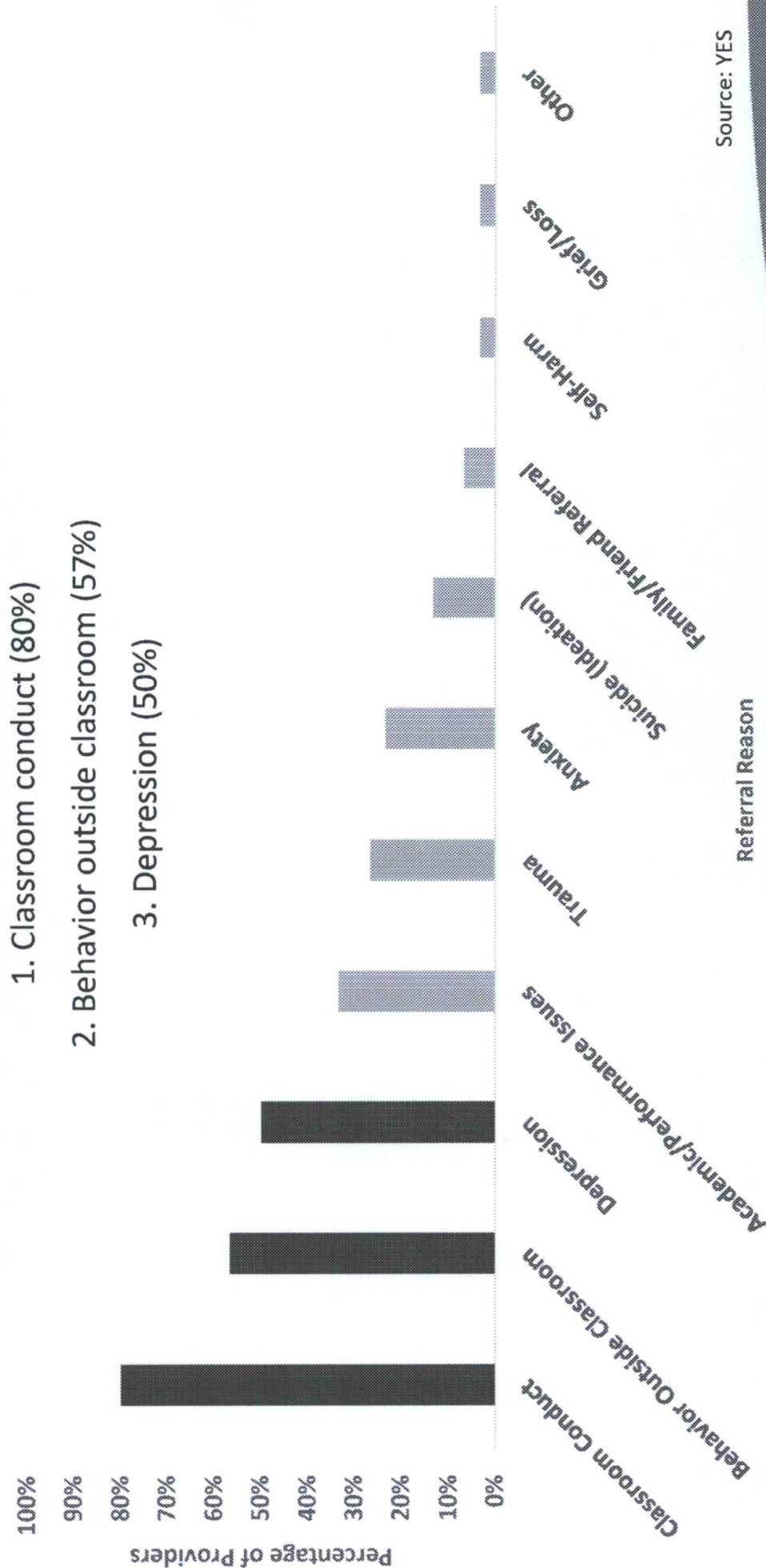
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# Top Three Referral Reasons

(Percentage of providers reporting,  $n = 30$ )



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# Top Two Reasons for Referral to the Apex Program

Classroom behavior and behavior outside the classroom

**Data Consideration:** The need for mental health services and supports is often communicated by youth through inappropriate behaviors displayed in the classroom, hallways, and cafeteria. This presents an opportunity for early detection of mental health needs.



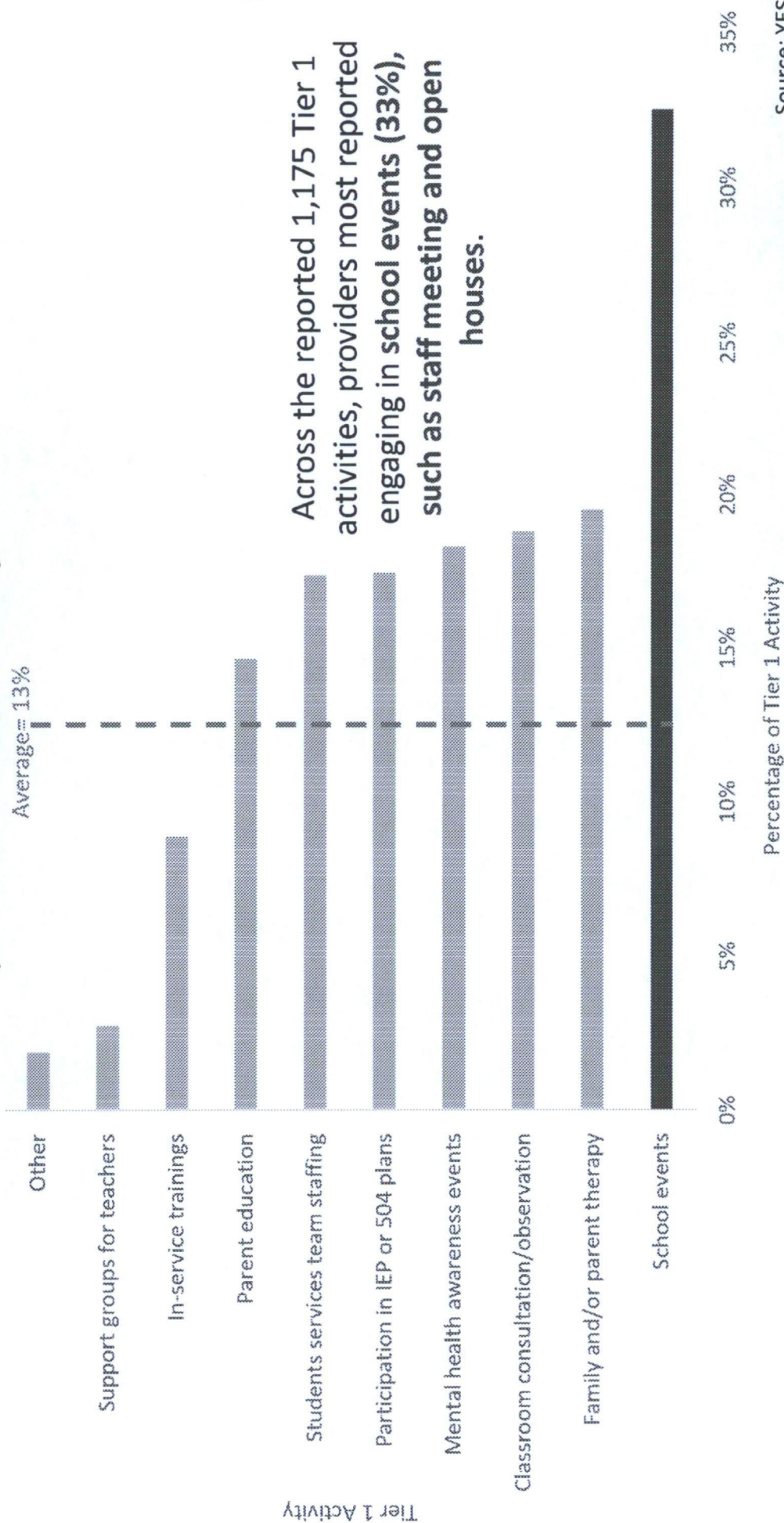
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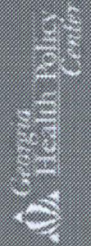


# Tier 1 — Universal Prevention Activities

(% of activities,  $n = 566$ )



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# Provider/School Partner Focus Groups

- In February and March of 2020, the COE conducted focus groups with Apex providers and school partners.
- The purpose of the groups was to learn more about the impact of the program, successes, and continued challenges.
- Respondents provided the following information, which highlights programmatic success, and may be utilized to address programmatic challenges.
- Three key themes emerged: impact, barriers, and sustainability.



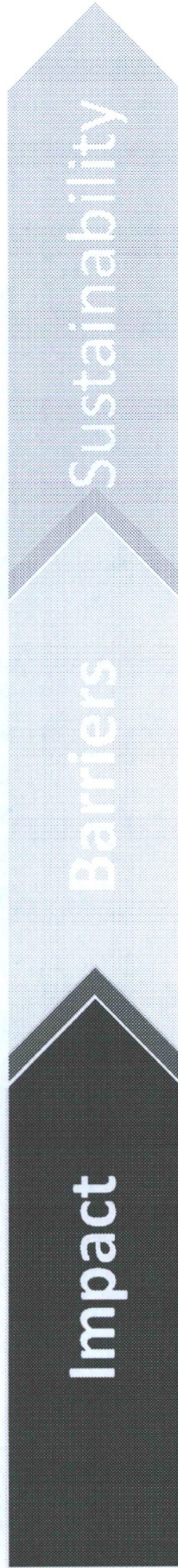
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# Focus Group Feedback



## Care Coordination

The program has opened the door to **collaborating more widely in the community** with primary care and other providers.

“But just the Apex program in general, I think, has opened more of a door to collaborate with one another in the community.” —Apex provider

## Early Detection

Apex can **fill in a gap** between the need for a higher level of care and regular outpatient services.

## Outcomes

**Behavioral and clinical outcomes have been positive**, as evidenced by increased time in class, decreased fighting and suicidal threats, and increased communication skills for the family.



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# Focus Group Feedback



## Family Engagement

**Parental involvement** in the provision of care can be difficult, particularly with older adults, and transportation and language barriers were also reported.

“If the school counselor already has a relationship [with the family], then I’ll sit with her to schedule the meeting and come in for the assessment.” —Apex provider

## Productivity Expectations

Services that are necessary and helpful are not always billable, which is impacted by the way that **productivity** is measured. There are certain services provided by school-based therapists, including referrals to DFCS and attendance at school staff meetings and school functions, that are not billable to third-party payers.



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# Focus Group Feedback

Impact

Barriers

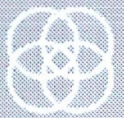
Sustainability

## Financial Sustainability

Without **Apex funding, front-end services may not be available**. Apex funding allows for the immediate provision of services. Seed money is utilized to start providing services in a school. Community partnerships (e.g., Boys and Girls Club, United Way) and other external funding opportunities (e.g., local school district matching funds) can be utilized to maintain financial sustainability.

## Staffing sustainability

**Retaining staff** can be difficult in the school setting, although licensure supervision can be attractive for clinicians beginning to practice.



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# COVID-19

Apex providers shared reflections informed by their experience during COVID-19:

- Continue telemedicine service delivery options
- Develop strategies to engage younger students
- Support providers in areas of therapeutic training, technology, and supervisory guidance

- ★ During the months of March-June, there was a 145% increase in family therapy session from Year 4 through Year 5 of the Georgia Apex Program.
- ★ The percentage of Apex Program participants who reported decreased productivity due to COVID-19, lessened by over 18% and by July, about 23% of Apex providers reported no change in their productivity.
- ★ The total number of telemedicine services delivered in April-June this program year increased about 68% ( $n = 1743$ ) when compared to the same quarter last year ( $n = 554$ ).

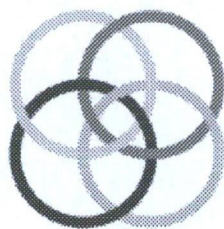


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